

Inspection and Test Record for Plumbing/Sanitary Installation of Buildings

Record No.: _____

Client: _____	Subcontractor: _____
Project No.: _____	Subcontract P.O. No.: _____
Project Name: _____	Building: _____

Reference document: _____

Items to inspect	Subcontractor	Company		Remarks
	inspected initials/date	Hold Point	inspected initials/date	
1.0 Piping, cold water, complete and tested (.....bars for hours, no leaks)				
2.0 Piping, hot water, complete and tested (.....bars for hours, no leaks)				
3.0 Drains, complete and tested (full plus metres head for hours, no leaks)				
4.0 Toilets, make, model, color				
5.0 Washbasins, make, model, color				
6.0 Showers, make, model, color				
7.0 Taps, make, model, color				
8.0 Sanitary installation complete, installed and connected, final inspection		h		
9.0 Test all hot and cold water taps, washbasins, toilets, showers		h		

H - Company's presence is mandatory for all activities in section.

h - Company's presence is mandatory.

Attachments, No. of pages: _____

Accepted for Subcontractor	Accepted for Company	Accepted for Client
Name: _____	Name: _____	Name: _____
Signature: _____	Signature: _____	Signature: _____
Date: _____	Date: _____	Date: _____

* Company only initials for holdpoint